


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000009351					
<b>1. Entity Name</b> FIRST PREFERRED CARE, INCORPORATED					
<b>Principal Place of Business</b> 6256 BARRY DRIVE WEST JACKSONVILLE, FL 32208			<b>Mailing Address</b> 6256 BARRY DRIVE WEST JACKSONVILLE, FL 32208		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	09172008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 42-1575390				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  JONES BROWN, ANNETT 6256 BARRY DRIVE WEST JACKSONVILLE, FL 32208			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u><i>Annnett Jones Brown, PVP</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP BROWN, ANNETT JONES 6256 BARRY DRIVE W. JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;">                         700137168767                          10/22/08--01034--011    **\$8.75                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWN, ANNETT JONES 6256 BARRY DRIVE W. JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;">                         700137168767                          10/22/08--01034--010    **\$61.25                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, HORATIO H 6256 BARRY DRIVE W. JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, MARGARET S 8731 7TH AVE JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CLEMENTS, SHARON Y 1591 LANE AVE SUITE 75F JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS YOUNG, GENEVA 2547 S. BARRY DR JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: <u><i>Annnett Jones Brown</i></u> ANNETT Jones Brown    100108    904-338-5655 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



OC 10/21